



KENNY C. GUINN  
Governor

STATE OF NEVADA  
DEPARTMENT OF HUMAN RESOURCES

**DIVISION OF HEALTH CARE FINANCING AND POLICY**  
NEVADA MEDICAID

MICHAEL J. WILLDEN  
Director

CHARLES DUARTE  
Administrator

**NOTICE OF MEETING TO SOLICIT PUBLIC COMMENTS AND INTENT TO ACT  
UPON AMENDMENTS TO THE NEVADA MEDICAID SERVICES MANUAL and  
MEDICAID OPERATIONS MANUAL**

**AGENDA**

**Date of Publication:** September 24, 2004

**Date and Time of Meeting:** October 26, 2004, starting at 9:00 a.m.

**Name of Organization:** The State of Nevada, Department of Human Resources, Division of Health Care Financing and Policy (DHCFP)

**Place of Meeting:** Legislative Building  
Room 2135  
401 S Carson Street, Carson City, NV

**Place of Video-Conference:** Grant Sawyer State Office Building,  
Room V-4401  
555 E Washington Avenue, Las Vegas, NV

**Subject:** Nevada Medicaid Service Manuals (MSM) and Medicaid Operations Manual (MOM).

**1. \*Discussion and Proposed Adoption of Amendments to MSM  
Chapter 1300 – Durable Medical Equipment**

1303.12 Removes the prior authorization requirement for enteral services if the recipient has a gastrostomy tube.

Appendix B – Apnea Monitors – Language added to clarify an apnea monitor is not covered with an E0454 Ventilator.

Appendix B – Oximetry Rental – Language added to allow for reimbursement of an oximeter if the recipient is ventilator dependent, or has a tracheostomy.

**2. Public Comment for Chapter 1300**

**3. \*Discussion and Proposed Adoption of Waiver for Independent Nevadans (WIN) Service Need Screen Form**

The WIN Service Need Screening Form has been utilized in draft format for the last three years and is being submitted for finalization. This form is used to help determine if a person would be eligible for the waiver program if a slot was available, and therefore eligible for placement on the waiver wait list.

**4. Public Comment for WIN Service Need Screening Form**

**5. \*Discussion and Proposed Adoption of WIN Monthly Telephone Contact Form**

The WIN Monthly Telephone Contact Form has been utilized in draft format for the last two years and is now being submitted for finalization. The waiver program requires monthly case management contacts with recipients that include monitoring and documenting the quality of care provided to ensure the recipient's safety and health. This form guides the case manager to cover and document the issues that ensure the recipient is getting and is satisfied with the necessary services to ensure their health and safety.

**6. Public Comment for WIN Monthly Telephone Contact Form**

**7. \*Discussion and Proposed Adoption of WIN Home Visit Worksheet**

The WIN Home Visit Worksheet has been utilized in draft format for the last two years and is now being submitted for finalization. The waiver program requires a face-to-face home visit be completed at least every six months or more frequently if there is a concern or change in health care or safety issues. This home visit includes monitoring and documenting the quality of care provided to ensure the recipient's safety and health. This form guides the case manager to cover and document the issues that ensure the recipient is getting and is satisfied with the necessary services to ensure their health and safety.

**8. Public Comment for WIN Home Visit Worksheet**

**9. \*Discussion and Proposed Adoption of Physician Health Care Provider Authorization Form and Physician's Letter of Explanation**

The Physician Health Care Provider Authorization Form (NMO-3428A) is an existing form which is being updated with the following changes:

4. I authorize these services to continue until \_\_\_\_\_, at which time I wish to have my patient's condition re-evaluated by myself or \_\_\_\_\_.

- 7.b. My patient becomes unable to self-direct the services/care authorized;

Along with NMO-3428A, is the Physician's Letter of Explanation. This is a new letter used to inform physicians authorizing skilled services by unskilled providers of their responsibilities. It identifies the NRS statute that governs the program and provides some detail as to what this program entails. This letter should always be accompanied by NMO-3428A.

**10. Public Comment for the Physician Health Care Provider Authorization Form and Physician's Letter of Explanation**

**11. General Public Comments limited to 5 minutes per person.**

**12. \*Adjournment**

**Nevada Medicaid is unaware of any financial impact to other entities or local government due to this public hearing.**

**\* Denotes items, including subparts, on which action may be taken.**

**PLEASE NOTE: Items may be taken out of order at the discretion of the chairperson. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment may be limited to 5 minutes.**

---

Notice of this meeting and draft copies of the changes will be available on or after the date of this notice at the DHCfp Web site ([dhcftp.state.nv.us](http://dhcftp.state.nv.us)); Carson City Central office and Las Vegas DHCfp. The agenda posting of this meeting can be viewed at the follow locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested in writing, a copy of the proposal will be mailed to you. Requests and/or written comments on the proposed changes may be sent to the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 102, Carson City, NV 89701.

**All persons that have requested in writing to receive the Public Hearings Agenda have been duly notified by mail or e-mail.**

---

**Note: We are pleased to make reasonable accommodations for members of the public who are physically challenged and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify**

**the Division of Health Care Financing and Policy, in writing, at 1100 East William Street, Suite 102, Carson City, or call Nancy Davis at (775) 684-3715, as soon as possible, or e-mail at [ndavis@dhcfp.state.nv.us](mailto:ndavis@dhcfp.state.nv.us)**

---

This notice and agenda has been posted on or before 9:00 am, the 30<sup>th</sup> day before the meeting at the above locations as required by NRS 422.2369.